STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155683	A. BUILDING 01 B. WING	06/08/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
B & B CHRISTIAN HEALTHCARE CENTER	3208 N SHERMAN DR INDIANAPOLIS, IN46218

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PERCEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K0000	A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a). Survey Date: 06/08/11 Facility Number: 011032 Provider Number: 155683 AIM Number: 200262860 Surveyor: Mark Caraher, Life Safety Code Specialist At this Life Safety Code survey, B & B Christian Healthcare Center was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19, Existing Health Care Occupancies and 410 IAC 16.2. This one story facility was determined to be of Type V (111) construction and fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors and in all spaces open to the corridor, and battery operated smoke detectors in all resident rooms. The	K0000	June 13, 2011Please accept this plan of correction as my credible allegation of compliance.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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	facility has a capacity of 43 and had a census of 30 at the time of this survey. Quality Review by Robert Booher, REHS, Life Safety Code Specialist-Medical Surveyor on 06/09/11. The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:			
K0050 SS=C	Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9 PM and 6 AM a coded announcement may be used instead of audible alarms. 19.7.1.2 Based on record review and interview, the facility failed to conduct quarterly fire drills at unexpected times under varying conditions for 3 of 4 quarters. This deficient practice affects all occupants in the facility including residents, staff and visitors. Findings include: Based on review of "Fire Drill Report" documentation with the Maintenance Supervisor from 9:30 a.m. to 10:40 a.m.	K0050	The fire drill log was evaluated and changed to a new form to ensure that fire drills are conducted on different shifts and at different times throughout the year. This was completed and approved by the Administrator on June 13, 2011. A copy of the new form has been included with this plan of correction (see insert #1).All residents were identified as having the potential for being affected.The new yearly fire drill logs will allow for the monitoring and documentation of all fire drills conducted during the year, by tracking the date and times of	06/13/2011

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	on 06/08/11, three of four third shift fire drills conducted on 06/23/10, 09/16/10, and 03/14/11 were conducted at, respectively, 2:00 a.m., 2:00 a.m. and 2:30 a.m. Based on interview at the time of record review, the Maintenance Supervisor acknowledged third shift fire drills were not conducted at unexpected times under varying conditions. 3.1-19(b)		each fire drill. This will eliminate fire drills being conducted at the same time within the same year.This form will be monitored monthly by the Administrator or the Assistant Administrator. Either one will initial the form to ensure compliance.Completion Date: June 13, 2011	
K0144 SS=F	Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1. Based on record review and interview, the facility failed to ensure a complete written record of weekly inspections of the starting batteries for the emergency generator was maintained for 52 of 52 weeks. Chapter 3-4.4.1.3 of NFPA 99 requires storage batteries used in connection with essential electrical systems shall be inspected at intervals of not more than 7 days and shall be maintained in full compliance with manufacturer's specifications. Defective batteries shall be repaired or replaced immediately upon discovery of defects. Furthermore, NFPA 110, 6-3.6 requires	K0144	To ensure proper inspection and maintenance of the emergency generator, a new weekly inspection checklist and a new monthly test log have been put in place. These forms meet the standards of the Indiana State Board of Health. A copy of these forms have been included with this plan of correction (see attachments: insert #2 and insert #3).All residents were identified as having the potential to be affected by this practice.A weekly inspection checklist and monthly test log forms were put in place to ensure the the emergency generator is regularly inspected and monitored to ensure that it	06/15/2011

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	checking storage batteries, including electrolyte levels, at intervals of not more than 7 days. Chapter 3-5.4.2 of NFPA 99 requires a written record of inspection, performance, exercising period, and repairs for the generator to be regularly maintained and available by the authority having jurisdiction. This deficient practice could affect all residents, staff and visitors. Findings include: Based on record review of "Preventive Maintenance Log" documentation with the Maintenance Supervisor from 9:30 a.m. to 10:40 a.m. on 06/08/11, weekly emergency generator checklist documentation for the fifty two week period from 06/07/10 through 06/06/11 stated "Run Generator for 20 Minutes" with no other documentation. Based on interview at the time of record review, the Maintenance Supervisor stated the the emergency generator has trouble lights on the generator panel to alert system trouble and acknowledged no other weekly emergency generator documentation was available for review. 3.1-19(b)		remains operable at all times.These new forms will be monitored by the Administrator or the Assistant Administrator on a weekly or monthly basis, depending on the form. Either one will initial the form after it has been filled out by the Maintenance Supervisor.Completion Date: June 15, 2011	

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